Traffic Crash Report	Local Report Number * Crash Severity Hit/Skip
SAFETY  EDUCATION - SERVICE - PROTECTION  Local Information	1 - Solved 2 - Unsolved 2 - Unsolved
Photos Taken OH-2 OH-1P OH-3 Other	Number of Unit in error
County * City * City, Village, Township *	Crash Date * Time of Crash Day of Week
Degrees / Minutes / Seconds  Lebanon	V97494914   0994   MON   Decimal Degrees
Catitude	39,45,7353 -84,205,935
N - Northbound E - Eastbound S - Southbound W - Westbound D2 AL - Alley AV - Avenue BL - Bouleva	
Location Route Number   Loc Prefix   Location Road Name   N,S,   E,W   Miller	Location Road Type 2 Route Types 1  IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route
Distance From Reference    Miles	Reference Name (Road, Milepost, House #)  Reference Road Type 2
	ilway Grade Crossing ared-Use Paths or Trails known  Intersection Related  Location of First Harmful Event 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside
Road Contour  1 - Straight Level 4 - Curve Grade 2 - Straight Grade 9 - Unknown 3 - Curve Level  Road Conditions Primary Secondary 01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
Manner of Crash Collision/Impact  1 - Not Collision Between 2 - Rear-End 5 - Backing 8 - Sideswipe, Opposite Two Motor Vehicles 3 - Head-On 6 - Angle Direction In Transport 4 - Rear-to-Rear 7 - Sideswipe, Same Direction 9 - Unknown	* Secondary Condition Only  Weather  1 - Clear 4 - Rain 7 - Severe Crosswinds 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown
Road Surface  1 - Concrete 2 - Blacktop, Bituminous, Asphalt 5 - Dirt 3 - Brick/Block 6 - Other  Light Conditions Primary Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted	5 - Dark - Roadway Not Lighted 9 - Unknown 6 - Dark - Unknown Roadway Lighting 7 - Glare*  Roadway 8 - Other  School Bus Related  Ves, School Bus Directly Involved Related  Yes, School Bus Indirectly Involved
Work Zone Related Under Present (Vehicle Only)  Workers Present Type of Work Zone  1 - Lane Closure 4 - Intermittent 2 - Lane Shift/Crossover 5 - Other  3 - Work on Shoulder or Median	t or Moving Work  Location of Crash in Work Zone  1 - Before the First Work Zone Warning Sign 4 - Activity Area 2 - Advance Warning Area 5 - Termination Area 3 - Transition Area
Narrative Unit 3 Stopped in traffic.	Diagram  Write an "N" on the compass diagram to
Unit 2 Stopped in traffic	indicate the direction of north.
to stop in time and struck	- 160 Miller Ad.
Unit 2. Unit I pushed unit	Miller Ha.
2 into Unit 3.	-
	1,12,3
	_
	No.+
Report Taken By Supplement (Correction or Addition to an Existing Report Sent to ODPS)	_ Not _ to scale _
Date Crash Reported  Time Crash Reported  Dispatch Time  Arrival Time  O 9 29 20 1 4 0 9 0 4 0 9	ine Time Cleared Other Investigation Time Total Minutes
l a a i	Badge Number Checked By Page of
HSY7001 OH1 Rev 01/13 [760-0820]	

OHIO PARTICIPATION Unit				Local Report Number					
SAFETY OTHER SAFET				1/14-1	3111				
Unit Number Own	ner Name: Last, Fir	st, Middle ( Same As Drive	)	Owner Phone Number - inc	area code (	Same As Driver)		Damaged Area	
					,		3	Pront	3
Owner Address: City,	State, Zip (	Same As Driver)	· · · · · · · · · · · · · · · · · · ·				1 - None	09 5 1 02	<b>7</b> 03
LP State License	Plate Number		Vehicle Identification Number						٦"
1011		4502	TALL 17.7	1. PV.11P.01	12/7	# Occupants	2 - Minor	08   10	04
Vehicle Year	Vehicle Make	7502	Vehicle Model	118X14P014	Vahicle Color		3 - Functional		04
1/191918	M	1+5	5(1)		BIG	16	4 - Disabling	07	05
Insurance	surance Company	<i>c</i> 1	Policy Number	Towed E	3y	C.F.		06	7
Carrier Name, Addre	ss, City, State, Zio	Coeneral	47-0420	35 186			9 - Unknown	Rear	<u> </u>
	,,,,						Carrier Phon	e- include area code	
US DOT		J	Cargo Body Type	dy Type/Not Applicable 09 -	Dele-	Trafficway Descrip	otion	<del></del>	
HM Placard ID No.	2 -	Less Than or Equal to 10k Lbs. 10,001 to 26,000 Lbs More Than 26,000 Lbs.	02 - Bus/Van (9-19 03 - Bus (16+ Sea	5 Seats, Inc Driver) 10 -	Pole Cargo Tank Flat Bed		ay, Not Divided	ontinuous Left Turn Lane	
		Wille Than 26,000 Ebs.	04 - Vehicle Towin 05 - Logging	g Another Vehicle 12 - I		3 - Two-W	ay, Divided, Unpro	otected(Painted or Grass >4 Ft.)   ve Median Barrier	Median
HM Class Number		azardous Material eleased	06 - Intermodal Co 07 - Cargo Van/En	ontainer Chassis 14 - ,	Auto Transporter Sarbage/Refuse		ay Trafficway		
Non-Motorist Locati	on Prior to Impact	Type of Use	08 - Grain, Chips, Unit Type		Other/Unknown	☐ Hit / Skip Unit	t		
01 - Ir	ntersection - Marked ntersection - No Cro	d Crosswalk	Passenger Vel			or Combo Units >		n/Limo (9 or More Including Driv	
03 - Ir	itersection - Other lidblock - Marked C	L-/-	01 - Sub-Co 02 - Compac 99 - Unknown 03 - Mid Siz	ct	14 - Single Unit			Bus/Van (9-15 Seats, Inc Driver) Bus (16+ Seats, Inc Driver)	
05 - Tr	ravel Lane - Other L icycle Lane		or Hit / Skip 04 - Full Siz 05 - Minivar	ze	15 - Single Unit	r (Bobtail)	Non-M 23 - A	otorist Animal with Rider	
	houlder/Roadside	3 dovernment		Itility Vehicle	<ul><li>17 - Tractor/Semi</li><li>18 - Tractor/Doub</li><li>19 - Tractor/Triple</li></ul>	le	24 - /	Animal with Buggy, Wagon, S Bicycle/Pedacyclist	Surrey
	ledian/Crossing Isla riveway Access	nd In Emergency	08 - Van 09 - Motorc		20 - Other Med/H			Pedestrian/Skater Other Non-Motorist	
12 - N	hared-Use Path or T on-Trafficway Area	rail Response	10 - Motoriz 11 - Snowm	zed Bicycle	☐ Has HN	A Diagonal			
99 - 09 Special Function 01	ther/Unknown	00 Ambido		assenger Vehicle Most Damaged Are		// Placard			
02	- Taxi - Rental Truck (Ove	09 - Ambulance 10 - Fire	17 - Farm Vehicle 18 - Farm Equipment Itenance 19 - Motorhome	01	- None	08 - Left Side 09 - Left Front	99 - Unkn	-	
04	- Bus - School (Pub - Bus - Transit		20 - Golf Cart 21 - Train	1 January 6 102	- Right Front	10 - Top and Wind 11 - Undercarriag		3 - Striking	
06	- Bus - Charter - Bus - Shuttle	14 - Public Utility 15 - Other Governr	22 - Other (Explain in Na	arrative) 05	- Right Rear	12 - Load/Trailer 13 - Total(All Areas		4 - Struck 5 - Striking/	
08 Pre-Crash Actions	- Bus - Other	16 - Construction E				14 - Other		9 - Unknown	
M	Motorist 01 - Straight Ahe	ead 07 - Making U-Turn	13 - Negotiati	Non-Met		0 10 11 2			
99 - Unknown	02 - Backing 03 - Changing La	08 - Entering Traffic	Lane 14 - Other Mo	otorist Action 16 - Wa	alking, Running, Jo	Specified Location gging, Playing, Cyc	21 - Othe ding	er Non-Motorist Action	
99 - Unknown	04 - Overtaking/F 05 - Making Righ	Passing 10 - Parked			orking shing Vehicle proaching or Leavi	na Vahicla			
0	06 - Making Left	Turn 12 - Driverless		20 - Sta		ng venicle			
Contributing Circums Primary	tances Motorist			Non-Motoris			Vehicle Defects	T 0: 1	
19	01 - None 02 - Faifure to \		oper Backing oper Start From Parked Position	22 - None			02	- Turn Signals - Head Lamps	
ا بصرا	03 - Ran Red Li 04 - Ran Stop S	ght 13 - Stop	ped or Parked Illegally ating Vehicle in Negligent Manne	24 - Dartin	9		04	- Tail Lamps - Brakes - Steering	
Secondary	05 - Exceeded S 06 - Unsafe Spe	peed Limit 15 - Swer	ving to Avoid (Due to External C ng Side/Wrong Way	Conditions) 26 - Failure	and/or Illegally in F to Yield Right of ' sible (Dark Clothin	Way	06	- Tire Blowout - Worn or Slick tires	
	07 - Improper Ti 08 - Left of Cent	urn 17 - Failu ter 18 - Visio	re to Control n Obstruction	28 - Inatter	ntive to Obey Traffic Si		08	Trailer Equipment Defective     Motor Trouble	ve
99 - Unknown	09 - Followed To 10 - Improper L	ane Change 20 - Load	ating Defective Equipment Shifting/Falling/Spilling	/Signal	s/Officer Side of the Road	JII5	10	Disabled From Prior Accid     Other Defects	dent
/Passing/Off Road 21 - Other Improper Action 31 - Other Non-Motorist Action									
1 2 2 3 4 5 6 01 - Overturn/Rollover 06 - Equipment Failure 10 - Cross Median									
First 7	Most 🗔		02 - Fire/Explosio 03 - Immersion	07 - Se	own Tire, Brake Failur paration of Units	11 010	ss Center Line posite Direction of	Travel	
Harmful Harmful Harmful 99 - Unknown 04 - Jackknife 08 - Ran Off Road Right 12 - Downhill Runaway 05 - Cargo/Equipment Loss or Shift 09 - Ran Off Road Left 13 - Other Non-Collision									
Collision With Person, Vehicle or Object Not Fixed  25 - Impact Attenuator/Crash Cushion 33 - Median Cable Barrier 41 - Other Pact Pale 49 - Time									
14 - Pedestrian 15 - Pedalcycle		<ul><li>21 - Parked Motor Vehicle</li><li>22 - Work Zone Maintenance</li></ul>	26 - Bridge Overhe Equipment 27 - Bridge Pier o	ead Structure 34 - N	Median Guardrail B Median Concrete Ba	arrier o	r Support	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintena	
16 - Railway Vehic		23 - Struck by Falling, Shifti or Anything Set in Motio	ng Cargo 28 - Bridge Parape on by a 29 - Bridge Rail	et 36 - M 37 - T	Median Other Barri raffic Sign Post		Curb	Equipment  51 - Wall, Building, Tunne	
18 - Animal - Deer 19 - Animal - Othe 20 - Motor Vehicle		Motor Vehicle 24 - Other Movable Object	30 - Guardrail Fac 31 - Guardrail End	te 38 - 0 d 39 - L	verhead Sign Post ight/Luminaries Si	45 - E	mbankment	52 - Other Fixed Object	.
Unit Speed	Posted Speed	Traffic Control	32 - Portable Barr		Itility Pole	47 - N			
		01 - No Controls 02 - Stop Sign	07 - Railroad Crossbuck 08 - Railroad Flashers	s 13 - Crosswalk Lin 14 - Walk/Don't W		rection To 2	1 - North	5 - Northeast 9 - Unknown	nown
☐ Stated		03 - Yield Sign 04 - Traffic Signa	09 - Railroad Gates	15 - Other	uin.		2 - South 3 - East	6 - Northwest 7 - Southeast	
☐ Estimated		05 - Traffic Flashe 06 - School Zone		ficer)			4 - West	8 - Southwest Page of	
HSY8304 OH1U [760	-08201 2/13							. wow UI	

OHIO DPACHEUR Unit			Local Report Nu	mher
SAFETY UTIL EDUCATION - SERVICE - PROTECTION			1/14:-	3/1/1
Unit Number Owner Name: Last, First, Middle (☐ Same As Driver	) Owne	r Phone Number - inc. area cod	e (Same As Driver)	Damage Scale Damaged Area
Owner Address: City, State, Zip ( Same As Driver)				4
(Section 2.0) (May 2.p (Section As Diver)				1 - None 09 02 03
LP State License Plate Number	Vehicle Identification Number		# Occupants	2 - Minor
Q# DOK8731.	L/141GIF1A1/16181	81940 1117	14/1 01	08   10   04
Vehicle Year Vehicle Make	Vehicle Model	Vehicle	Color	3 - Functional
_Proof of Insurance Company	Policy Number		STEV	4 - Disabling 07 06 05
Insurance Shown Cincinnati Tus	A01068066	Towed By	chi	9 - Unknown
Carrier Name, Address, City, State, Zip		e just		Carrier Phone- include area code
US DOT Vehicle Weight GVWR/GCWR	Cargo Body Type			
1 - Less Than or Equal to 10k Lbs.  HM Placard ID No. 2 - 10,001 to 26,000 Lbs	01 - No Cargo Body Type/N 02 - Bus/Van (9-15 Seats,	(nc Driver) 10 - Cargo Tank		ay, Not Divided
3 - More Than 26,000 Lbs.	03 - Bus (16+ Seats, Inc D 04 - Vehicle Towing Anothe	r Vehicle 12 - Dump	3 - Two-W	ay, Not Divided, Continuous Left Turn Lane ay, Divided, Unprotected(Painted or Grass > 4 Ft.) Median
HM Class Hazardous Material Released	05 - Logging 06 - Intermodal Container 07 - Cargo Van/Enclosed B		porter 5 - One-Wa	ay, Divided, Positive Median Barrier ay Trafficway
Non-Motorist Location Prior to Impact	08 - Grain, Chips, Gravel	15 - Garbage/Re 99 - Other/Unkr		
01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk	Passenger Vehicles (les	5 2 2 5	Trucks or Combo Units >	, , , , , , , , , , , , , , , , , , , ,
03 - Intersection - Other 04 - Midblock - Marked Crosswalk 1 - Personal	02 - Compact 99 - Unknown 03 - Mid Size	14 - Sing	lle Unit Truck or Van 2axle, lle Unit Truck; 3+ axles lle Unit Truck / Trailer	22 - Bus (16+ Seats, Inc Driver)
05 - Travel Lane - Other Location 2 - Commercial 3 - Government	or Hit / Skip 04 - Full Size 05 - Minivan	16 - Truc	k/Tractor (Bobtail) tor/Semi-Trailer	Non-Motorist  23 - Animal with Rider
07 - Shoulder/Roadside 08 - Sidewalk	06 - Sport Utility Ve 07 - Pickup	nicle 18 - Trac 19 - Trac	tor/Double tor/Triples	24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist
09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail  Response	08 - Van 09 - Motorcycle 10 - Motorized Bicyc		r Med/Heavy Vehicle	26 - Pedestrian/Skater 27 - Other Non-Motorist
12 - Non-Trafficway Area 99 - Other/Unknown	11 - Snowmobile/ATV 12 - Other Passenger	/ Im u	as HM Placard	* · · · · · · · · · · · · · · · · · · ·
Special Function 01 - None 09 - Ambulance 02 - Taxi 10 - Fire	17 - Farm Vehicle	Most Damaged Area	00 11-00	Action
1 0 31 71	18 - Farm Equipment tenance 19 - Motorhome 20 - Golf Cart	01 - None 02 - Center 03 - Right F		99 - Unknown 5 1 - Non-Contact 2 - Non-Collision
05 - Bus - Transit 13 - Police 06 - Bus - Charter 14 - Public Utility	21 - Train 22 - Other (Explain in Narrative)	Impact Area 04 - Right S 05 - Right R	ide 11 - Undercarriag	
07 - Bus - Shuttle         15 - Other Government           08 - Bus - Other         16 - Construction E	nent	06 - Rear Ce 07 - Left Rea		
Pre-Crash Actions  Motorist		Non-Motorist		
01 - Straight Ahead 07 - Making U-Turn 02 - Backing 03 - Changing Lanes 09 - Leaving Traffic		tion 16 - Walking, Run	crossing Specified Location Ining, Jogging, Playing, Cyc	21 - Other Non-Motorist Action ling
99 - Unknown 03 - Changing Lanes 09 - Leaving Traffic 04 - Overtaking/Passing 10 - Parked 05 - Making Right Turn 11 - Slowing or Stop		17 - Working 18 - Pushing Vehi	cle	
06 - Making Left Turn 12 - Driverless	ped in Traine	19 - Approaching 20 - Standing	or Leaving Vehicle	
Contributing Circumstances Primary Motorist		Non-Motorist		Vehicle Defects  01 - Turn Signals
02 - Failure to Yield 12 - Impr	oper Backing oper Start From Parked Position	22 - None 23 - Improper Crossin	a	02 - Head Lamps 03 - Tail Lamps
Secondary 04 - Ran Stop Sign 14 - Opera	oed or Parked Illegally ating Vehicle in Negligent Manner	24 - Darting 25 - Lying and/or Illed	`	04 - Brakes 05 - Steering
06 - Unsafe Speed 16 - Wron	ving to Avoid (Due to External Condition g Side/Wrong Way re to Control	<ul><li>26 - Failure to Yield R</li><li>27 - Not Visible (Dark</li></ul>	Right of Way	06 - Tire Blowout 07 - Worn or Slick tires
08 - Left of Center 18 - Visio	n Obstruction of Obstruction Oting Defective Equipment	28 - Inattentive 29 - Failure to Obey Ti	raffic Signs	08 - Trailer Equipment Defective 09 - Motor Trouble
10 - Improper Lane Change 20 - Load	Shifting/Falling/Spilling Improper Action	/Signals/Officer 30 - Wrong Side of the 31 - Other Non-Motor		10 - Disabled From Prior Accident 11 - Other Defects
Sequence of Events	Non-Collision Events			
	01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion	06 - Equipment Fa (Blown Tire, Br. 07 - Separation of	ake Failure, etc) 11 - Cro	ss Median ss Center Line
First Most Harmful 99 - Unknown	04 - Jackknife 05 - Cargo/Equipment Loss	08 - Ran Off Road	Right 12 - Dov	osite Direction of Travel vnhill Runaway er Non-Collision
Event Event Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object 25 - Impact Attenuator/Cra		15 - 0011	
14 - Pedestrian     21 - Parked Motor Vehicle       15 - Pedalcycle     22 - Work Zone Maintenance	26 - Bridge Overhead Strue Equipment 27 - Bridge Pier or Abutme	ture 34 - Median Gua	ardrail Barrier o	ther Post, Pole 48 - Tree r Support 49 - Fire Hydrant
16 - Railway Venicie (Frain, Engine) 23 - Struck by Falling, Shiftii 17 - Animal - Farm or Anything Set in Motio	ng Cargo 28 - Bridge Parapet n by a 29 - Bridge Rail	36 - Median Oth 37 - Traffic Sign	er Barrier 43 - C Post 44 - D	urb Equipment
18 - Animal - Deer Motor Vehicle 19 - Animal - Other 24 - Other Movable Object 20 - Motor Vehicle in Transport	30 - Guardrail Face 31 - Guardrail End	38 - Overhead Si 39 - Light/Lumir	ign Post 45 - E naries Support 46 - F	mbankment 52 - Other Fixed Object ence
Unit Speed Posted Speed Traffic Control	32 - Portable Barrier	40 - Utility Pole	Unit Direction	1ailbox
01 - No Controls 02 - Stop Sign 03 - Visid Sign	07 - Railroad Crossbucks 08 - Railroad Flashers	13 - Crosswalk Lines 14 - Walk/Don't Walk	From 4 To 3	1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest
□ Stated 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashe	09 - Railroad Gates 10 - Construction Barricade rs 11 - Person (Flagger, Officer)	15 - Other 16 - Not Reported		3 - East 7 - Southeast 4 - West 8 - Southwest
HSY8304 OHIU [760-0820] 2/13	12 - Pavement Markings			Page of

OHIO DOMINING OF PUBLIC SAFETY		Local Report Number
SAFETY SAFETY SAFETY SERVICE - PROTECTION		-1/14-131/11/11/11/11
Unit Number Owner Name: Last, First, Middle ( Same As Driver)	Owner Phone Number - inc. area code (	Same As Driver) Damage Scale Damaged Area
Owner Address: City, State, Zip (		3
		1 - None 09 02 03
LP State License Plate Number Vehicle Identificat		# Occupants 2 - Minor
Vehicle Year Vehicle Make Vehicle Moc	1.79.21K1T181.0G /12151717K	3 - Functional 08 1 10 1 04
12101131 Ford	Vehicle Color  Wh,	4 - Disabling 07 05
Proof of Insurance Company Policy Number	Towed By	
Carrier Name, Address, City, State, Zip	509-26PV	9 - Unknown  Rear  Carrier Phone- include area code
US DOT Vehicle Weight GVWR/GCWR Cargo Body Type		
1 - Less Than or Equal to 10k Lbs. 01 - N	o Cargo Body Type/Not Applicable 09 - Pole us/Van (9-15 Seats, Inc Driver) 10 - Cargo Tank	Trafficway Description  1 - Two-Way, Not Divided
3 - More Than 26,000 Lbs. 04 - V	us (16+ Seats, Inc Driver) 11 - Flat Bed chicle Towing Another Vehicle 12 - Dump	2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected(Painted or Grass > 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier
	pgging 13 - Concrete Mixer termodal Container Chassis 14 - Auto Transporter argo Van/Enclosed Box 15 - Garbage/Refuse	5 - One-Way Trafficway
	rain, Chips, Gravel 99 - Other/Unknown	☐ Hit / Skip Unit
01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk		or Combo Units > 10k lbs Bus/Van/Limo (9 or More Including Driver) Truck or Van 2axle, 6 tires 21 - Bus/Van (9-15 Seats, Inc Driver)
04 - Midblock - Marked Crosswalk 1 - Personal 99 - Unknown	2 - Compact       14 - Single Unit         3 - Mid Size       15 - Single Unit         4 - Full Size       16 - Truck/Tracts	Truck; 3+ axles 22 - Bus (16+ Seats, Inc Driver) Truck / Trailer Non-Motorist
06 - Bicycle Lane 3 - Government (	4 - Full Size       16 - Truck/Tractor         5 - Minivan       17 - Tractor/Sem         6 - Sport Utility Vehicle       18 - Tractor/Doul	ni-Trailer 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey
09 - Median/Crossing Island	7 - Pickup         19 - Tractor/Trip           8 - Van         20 - Other Med/H	
11 - Shared-Use Path or Trail Response	9 - Motorcycle 0 - Motorized Bicycle 1 - Snowmobile/ATV	
99 - Other/Unknown	2 Other Fasseriger Verifice	M Placard Action
02 - Taxi 10 - Fire 18 - Farm 03 - Rental Truck (Over 10k Lbs) 11 - Highway/Maintenance 19 - Moto	Equipment 01 - None 02 - Center Front	08 - Left Side 99 - Unknown 1 - Non-Contact 2 - Non-Collision
04 - Bus - School (Public or Private) 12 - Military 20 - Golf   05 - Bus - Transit 13 - Police 21 - Train   06 - Bus - Charter 14 - Public Utility 22 - Other	Impact Area 04 - Right Side	10 - Top and Windows 3 - Striking 11 - Undercarriage 4 - Struck 12 - Load/Trailer 5 - Striking/Struck
07 - Bus - Shuttle 15 - Other Government 18 - Bus - Other 16 - Construction Equip.	(Explain in Narrative) 05 - Right Rear 06 - Rear Center 07 - Left Rear	12 - Load/Trailer 5 - Striking/Struck 13 - Total(All Areas) 9 - Unknown 14 - Other
Pre-Crash Actions  Motorist	Non-Motorist	
02 - Backing 08 - Entering Traffic Lane 14	- Negotiating a Curve 15 - Entering or Crossing Other Motorist Action 16 - Walking, Running, J. Walking, Running, Runnin	
04 - Overtaking/Passing 10 - Parked 05 - Making Right Turn 11 - Slowing or Stopped in Traffic	17 - Working 18 - Pushing Vehicle 19 - Approaching or Leav	ing Vehicle
06 - Making Left Turn 12 - Driverless  Contributing Circumstances	20 - Standing	
Primary Motorist	Non-Motorist	Vehicle Defects 01 - Turn Signals
02 - Failure to Yield 12 - Improper Start From Pa 03 - Ran Red Light 13 - Stopped or Parked Illega		02 - Head Lamps 03 - Tail Lamps 04 - Brakes
Secondary 05 - Exceeded Speed Limit 15 - Swerving to Avoid (Dus 06 - Unsafe Speed 16 - Wrong Side/Wrong Way	ligent Manner 25 - Lying and/or Illegally in o External Conditions) 26 - Failure to Yield Right of	Roadway 05 - Steering Way 06 - Tire Blowout
06 - Unsafe Speed 16 - Wrong Side/Wrong Way 07 - Improper Turn 17 - Failure to Control 08 - Left of Center 18 - Vision Obstruction	27 - Not Visible (Dark Clothi 28 - Inattentive 29 - Failure to Obey Traffic S	08 - Trailer Equipment Defective
99 - Unknown 09 - Followed Too Closely/ACDA 19 - Operating Defective Equi 10 - Improper Lane Change 20 - Load Shifting/Falling/Sp	oment /Signals/Officer	10 - Disabled From Prior Accident 11 - Other Defects
/Passing/Off Road 21 - Other Improper Action Sequence of Events Non-Cc	31 - Other Non-Motorist Acti	on
1 1/10 1 1 1 1 1 02 - F	verturn/Rollover 06 - Equipment Failure ire/Explosion (Blown Tire, Brake Failu	10 - Cross Median ure, etc) 11 - Cross Center Line
Harmful / Harmful / 99 - Unknown 04 - 3	mmersion 07 - Separation of Units ackknife 08 - Ran Off Road Right argo/Equipment Loss or Shift 09 - Ran Off Road Left	Opposite Direction of Travel 12 - Downhill Runaway
Collision with Person Vehicle or Object Not Fixed	With Fixed Object	13 - Other Non-Collision
14 - Pedestrian 21 - Parked Motor Vehicle 26 - E 15 - Pedalcycle 22 - Work Zone Maintenance Equipment 27 - E	mpact Attenuator/Crash Cushion 33 - Median Cable Barr ridge Overhead Structure 34 - Median Guardrail I ridge Pier or Abutment 35 - Median Concrete B	Barrier or Support 49 - Fire Hydrant
16 - Kallway Vehicle (Train,Engine) 23 - Struck by Falling, Shifting Cargo 28 - E 17 - Animal - Farm or Anything Set in Motion by a 29 - E	ridge Parapet 36 - Median Other Barr ridge Rail 37 - Traffic Sign Post	rier 43 - Curb Equipment 44 - Ditch 51 - Wall, Building, Tunnel
19 - Animal - Other 24 - Other Movable Object 31 - G	uardrail Face 38 - Overhead Sign Pos uardrail End 39 - Light/Luminaries S ortable Barrier 40 - Utility Pole	t 45 - Embankment 52 - Other Fixed Object
Unit Speed Posted Speed Traffic Control	Unit D	rirection
02 - Stop Sign 08 - Railro 03 - Yield Sign 09 - Railro	nd Flashers 14 - Walk/Don't Walk ad Gates 15 - Other	1 - North 5 - Northeast 9 - Unknown 2 - South 6 - Northwest 3 - East 7 - Southeast
☐ Stated         04 - Traffic Signal         10 - Constr           ☐ Estimated         05 - Traffic Flashers         11 - Persor	uction Barricade 16 - Not Reported (Flagger, Officer)	4 - West 8 - Southwest
06 - School Zone 12 - Pavem   HSY8304 OH1U [760-0820] 2/13	ent Markings	Page of

	OHIO PARIST / NON-MOTORIST / OCCUPANT LOCAL REPORT NUMBER 14-211							
[	UNIT NUMBER NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER						
	ADDRESS, CITY, STATE, ZIP Watts, Danielle	19911993 20 F F - FEMALE						
OTORIST	376 N. Charch Lebanon OH 45036  INJURIES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT U	513-776-5597						
Motorist/Non-Motorist	INJURIES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT U	JSED DOT COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED OF THE HELMET						
Мото	OL STATE OPERATOR LICENSE NUMBER  OL CLASS NO DE M/C CONDITION ALCOHOL/DRUG SUSPECTED ALCOHOL TEST ST.	ALCOHOL TEST TYPE ALCOHOL TEST VALUE DRUG TEST STATUS DRUG TEST TYPE						
ľ	OFFENSE CHARGED ( LOCAL CODE) OFFENSE DESCRIPTION CITATION NUMBER	HANDS-FREE DRIVER DISTRACTED BY						
ŀ	UNIT NUMBER NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH  DATE OF BIRTH  AGE  GENDER						
-	ADDRESS, CITY, STATE, ZIP GOWN, Christopher	0,9,2,0,7,9,8,5, 2,9 M F - FEMALE M - MALE						
TOTORIST	1590 Tollgate Ct. Lebanon 04 45030	513-604-4270						
RIST/Non-I	SAFETY EQUIPMENT U	DOT COMPLIANT MOTORCYCLE HELMET  DOT COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED						
Moro	OPERATOR LICENSE NUMBER  OL CLASS  OU VALID  OL CLASS  NO  OL CONDITION  ALCOHOL/DRUG SUSPECTED  ALCOHOL/D	ATUS ALCOHOL TEST TYPE ALCOHOL TEST VALUE DRUG TEST STATUS DRUG TEST TYPE						
ſ	OFFENSE CHARGED ( Local Code) OFFENSE DESCRIPTION CITATION NUMBER	HANDS-FREE DRIVER DISTRACTED BY DEVICE USED						
	INJURIES INJURED TAKEN BY SAFETY EQUIPMENT USED 99 - UNKNOWN SAFETY EQUIPMENT 1 - NO INJURY / NONE REPORTED 1 - NOT TRANSPORTED / MOTORIST							
	2 - POSSIBLE TREATED AT SCENE 01 - NONE USED - VEHICLE OCCUPANT 05 - CHILD RESTRAINT SYSTEM-F. 3 - NON-Incapacitating 2 - EMS 02 - Shoulder Belt Only Used 06 - CHILD RESTRAINT SYSTEM-R. 4 - Incapacitating 3 - Police 03 - Lap Belt Only Used 07 - Booster Seat 04 - Other 04 - Stormer and Lap Belt Only Used 07 - Booster Seat 04 - Other 04 - Stormer and Lap Belt Used 07 - Booster Seat 04 - Other 04 - Stormer and Lap Belt Used 07 - Booster Seat 04 - Other 04 - Stormer and Lap Belt Used 07 - Booster Seat 04 - Other 04 - Stormer and Lap Belt Used 07 - Booster Seat 05 - Seat 05	ORWARD FACING 09 - NONE USED 12 - REFLECTIVE CLOTHING  10 - HELMET USED 13 - LIGHTING  11 - PROTECTIVE PAOS USED 14 - OTHER  (ELBOWS, KILES, ETC)						
	4. OTHER 9. SHOULDER AND LAP BELT USED 08. HELMET USED  SEATING POSITION	AIR BAG USAGE						
	05 - SECOND - MIDDLE 11 - PASSENGER IN OTHER ENCLOSED CARED AREA 16 - OTHER 06 - SECOND - RIGHT SIDE (Non-Francisc Unit Sudi as a Bus, Pick-up with Cap) 99 - UNKNOWN	4 - Deployed Both Front/Side 5 - Not Applicable 9 - Deployment Unknown						
	2 - CLASS B 2 - PHYSICAL IMPAIRMENT	ALCOHOL/DRUG SUSPECTED  5 - FELL ASLEEP, FAINTED, FATIGUED  1 - None  6 - Under The Influence of  2 - Yes - Alcohol Suspected						
	4 Not Applicable 3 - Extricated by A - Redular Class (Ohio is "D") 4 - Illness 5 - MC/Moped Only	MEDICATIONS, DRUGS, ALCOHOL  3 - YES - HBD NOT IMPAIRED  4 - YES - DRUGS SUSPECTED  5 - YES - ALCOHOL AND DRUGS SUSPECTED						
	ALCOHOL TEST STATUS  1 - NONE GIVEN 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 3 - URINE	DRIVER DISTRACTED BY  1 - No DISTRACTION REPORTED 6 - OTHER INSIDE THE VEHICLE 2 - PHONE 7 - EXTERNAL DISTRACTION						
500	5 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 3 - URINE 4 - TEST GIVEN, RESULTS KNOWN 4 - BREATH 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navisation Device, Radio, DVD)						
U,	NIT NUMBER NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER F - FEMALE M - MALE						
A	ddress, City, State, Zip	CONTACT PHONE- INCLUDE AREA CODE						
In.	JURIES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USE	ED DOT COMPLIANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED MOTORCYCLE						
Un	NIT NUMBER NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH AGE GENDER						
L	DDRESS, CITY, STATE, ZIP	F - FEMALE M - MALE						
	CONTACT PHONE- INCLUDE AREA CODE							
ĪN	JURIES   INJURED TAKEN BY FMS ACENCY							
INJ L	JURIES INJURED TAKEN BY EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USE	DOT COMPLIANT   SEATING POSITION   AIR BAG USAGE   EJECTION   TRAPPED   HELMET						

	OHIO OF RIST / NON-MOTORIST / OCCUPANT LOCAL REPORT NUMBER / 1/4/- 3/1//							
	UNIT NUMBER NAME: LAST, FIRST, MIDDLE	<del></del>		/ <b>                                    </b>	Age Gender			
	ADDRESS, CITY, STATE, ZIP	, Jack		1/1/1/9/3 CONTACT PHONE- INC	3 80 M F - FEMALE M - MALE			
TOTORIST	9456 Kempes INJURIES INJURED TAKEN BY IEMS AGRACY	Grove Loveland OH	45140		509-7186			
IST/Non-Mo	INJURIES TAKEN BY EWS AGENCY	MEDICAL FACILITY INJURED TAKEN TO S	04	DOT COMPLIANT SEATING PORTION OF THE	SITION AIR BAG USAGE EJECTION TRAPPED			
Мотов	OL STATE   OPERATOR LICENSE NUMBER   OL   FL   H251426334110   C	CLASS NO M/C CONDITION ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS ALCOH	10L TEST TYPE ALCOHOL TEST	VALUE DRUG TEST STATUS DRUG TEST TYPE			
	OFFENSE CHARGED ( LOCAL CODE)		CITATION NUMBER		ANDS-FREE DRIVER DISTRACTED BY			
	UNIT NUMBER NAME: LAST, FIRST, MIDDLE		DATE OF		SED GENDER			
	ADDRESS, CITY, STATE, ZIP				F - FEMALE M - MALE			
				CONTACT PHONE- INC	LUDE AREA CODE			
Motorist/Non-Motorist	Injuries Injured Taken By EMS Agency	MEDICAL FACILITY INJURED TAKEN TO S		OT COMPLIANT SEATING POSTOTORCYCLE	SITION AIR BAG USAGE EJECTION TRAPPED			
Motori	OL STATE OPERATOR LICENSE NUMBER OL	VALID   FND			VALUE DRUG TEST STATUS DRUG TEST TYPE			
ŀ	OFFENSE CHARGED ( \Box Local Code)	OFFENSE DESCRIPTION	CITATION NUMBER		NDS-FREE DRIVER DISTRACTED BY			
	Injuries lajured Taken By	SAFETY EQUIPMENT USED 99 - UNKNOW	n Safety Equipment	Us	STATE OF THE PARTY			
	1 - No INJURY / None Reported 1 - Not Transported / 2 - Possible Treated at Scene 3 - Non-Incapacitating 2 - EMS	MOTORIST  01 - None Used - Vehicle Occupant	estraint System-Forward Fac estraint System-Rear Facing	TO - HELMET US	ED 13 - LIGHTING			
	4 - Incapacitating 3 - Police 5 - Fatal 4 - Other 9 - Unknown	03 - Lap Belt Only Used 07 - Booster 04 - Shoulder and Lap Belt Used 08 - Helmet	SEAT	11 - PROTECTIVE (ELBOWS, KNE	PAOS USED 14 - OTHER ES, ETC)			
	SEATING POSITION  01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  02 - FRONT - MIDDLE		- Passenger in Unenclosed C - Trailing Unit	GARGO AREA	AIR BAG USAGE  1 - NOT DEPLOYED			
	03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MATDREVOLE PASSENCER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	09 - Third - Right Side         14           10 - Sleeper Section of Cab (Trillox)         15           11 - Passenger in Other Enclosed Cargo Area         16	- RIDING ON VEHICLE EXTERIOR - NON-MOTORIST - OTHER	(Non-Trailing Unit)	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE			
		(Non-Trailing Unit Such as a Bus, Pick-up with Cap) 99  Operator License Class Gondition  1 - Class A 1 - Apparently Normal	Unknown	the state of the s	9 - DEPLOYMENT UNKNOWN ALCOHOL/DRUG SUSPECTED			
	2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE 3 - EXTRICATED BY NON-MEGHANICAL MEANS NON-MEGHANICAL MEANS	2 - Class B 2 - Physical Impairment 3 - Class C 3 - Emotional (Depressed, And 4 - Regular Class (Ohio is "D") 4 - Illness	6 - UNDER	SLEEP, FAINTED, FATIGUED THE INFLUENCE OF TIONS, DRUGS, ALCOHOL	1 - None 2 - Yes - Alcohol Suspected 3 - Yes - HBD Not Impaired 4 - Yes - Drugs Suspected			
		5 - MC/MOPED QNLY  DETEST TYPE DRUG TEST STATUS  ONE 1 - NONE GIVEN		DISTRACTED BY	5 - Yes - Alcohol and Drugs Suspected			
	2 - Test Refused 2 - B 3 - Test Given, Contaminated Sample/Unusable 3 - U 4 - Test Given, Results Known 4 - B	100D 2 - TEST REFUSED RINE 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	2 - BLOOD 2 - PI 3 - URINE 3 - TI	o Distraction Reported Hone exting/E-mailing Lectronic Communication De	6 - Other Inside the Vehicle 7 - External Distraction			
U	5 - TEST GIVEN, RESULTS UNKNOWN 5 - 0  NIT NUMBER NAME: LAST, FIRST, MIDDLE	THER 5 - TEST GIVEN, RESULTS UNKNOWN	5 - 0	THER ELECTRONIC DEVICE LAVIGATION DEVICE, RADIO, DVD)	AGE GENDER			
	ADDRESS, CITY, STATE, ZIP				F - FEMALE M - MALE			
OCCUPAN				CONTACT PHONE- INCLU	JDE AREA CODE			
	JJURIES INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO SAF	□ Mo	T COMPLIANT SEATING POSIT	TION AIR BAG USAGE EJECTION TRAPPED			
U	NIT NUMBER NAME: LAST, FIRST, MIDDLE		DATE OF B	Віятн	AGE GENDER F - FEMALE			
L A	DDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLU	DE AREA CODE			
IN F	JURIES INJURED TAKEN BY EMS AGENCY	Medical Facility Injured Taken To Saf	ETY EQUIPMENT USEDDOT		ION AIR BAG USAGE EJECTION TRAPPED			
	J		Mor	TORCYCLE MET				
H	SY8306 OH1M (Rev 01/12)				PAGE OF			